A Health Alert In Diabetes Care:



Cardiovascular Risk in People with Diabetes





Clifton R. Lacy, M.D. Commissioner



DEPARTMENT OF HEALTH AND SENIOR SERVICES

PO BOX 360 TRENTON, N.J. 08625-0360

JAMES E. MCGREEVEY
Governor

www.state.nj.us/health

CLIFTON R. LACY, M.D. Commissioner

HEALTH ALERT IN DIABETES CARE

Dear Health Care Professional:

The New Jersey Department of Health and Senior Services supports efforts to reduce negative cardiovascular outcomes in people with diabetes, and is sending you this special communication to request your help in accomplishing this important goal.

Cardiovascular disease is a major complication of type 2 diabetes mellitus.

Effective interventions to reduce cardiovascular risks are:

- ✓ Control of hypertension,
- Optimizing blood lipids,
- ✓ Smoking cessation,
- ✓ Aspirin therapy,
- ✓ Recommending a healthy diet and regular exercise.

There is substantial and convincing epidemiological evidence of increased cardiovascular morbidity and mortality in persons with type 2 diabetes mellitus. Based on the increased risk of myocardial infarction, the National Cholesterol Education Program¹ has indicated that diabetes mellitus is a "coronary heart disease risk equivalent." Reducing this undue burden is, therefore, an important public health objective.

A recently publicized survey from the American Diabetes Association indicated that 63% of physicians ranked the lowering of blood glucose as their top treatment priority for reducing cardiovascular risk in their patients with diabetes; while only 22% and 7% ranked hypertension control or control of hyperlipidemia as the top priority.² The United Kingdom Prospective Diabetes Study demonstrated that "tight" glycemic control (A1c 7.9% to 7.0%) of type 2 diabetes mellitus reduced risks of retinopathy, nephropathy, and neuropathy.

However, this trial also demonstrated that control of blood pressure (from 155/100 to 144/82) was more effective in reducing the rate of cardiovascular events. Other modalities that can decrease cardiovascular risk in diabetes mellitus include: optimizing blood lipids, smoking cessation, aspirin therapy, and recommending a healthy diet and regular exercise.³ While some of these recommendations are based on randomized clinical trials and others are from prospective epidemiological studies, there is wide consensus that they are effective modalities in improving outcomes in persons with type 2 diabetes mellitus.

In order to increase the awareness of the importance of blood pressure and cholesterol control among health care professionals and persons with diabetes and their families, the National Diabetes Education Program (NDEP)⁴ has instituted the "ABC" campaign. This campaign incorporates educational tools and outreach materials addressing goals of "A1c, Blood Pressure, and Cholesterol." We have included sample materials and an order form for requesting free NDEP materials from the Department's Diabetes Prevention and Control Program.

We are providing this information to emphasize the importance of increased attention to and control of cardiovascular risk factors in persons with diabetes. Specific target values for blood pressure, cholesterol, and A1c should be discussed in partnership with the patient based on their individual circumstances and preferences.

Thank you for your continued efforts to improve the care of our patients with diabetes.

Sincerely,

Clifton R. Lacy, M.D. Commissioner

End Notes

- 1. Third Report of the National Expert Panel on the Detection, Evaluation and Treatment of High Blood Cholesterol in Adults. National Cholesterol Education Program. http://www.nhlbi.nih.gov/guidelines/cholesterol/profmats.htm.
- 2. ATP III Guidelines at a Glance Quick Desk Reference. http://www.nhlbi.nih.gov/guidelines/cholesterol/atglance.pdf.
- 3. Clinical Practice Recommendations 2004: American Diabetes Association. http://care.diabetesjournals.org/content/vol27/suppl_1.
- 4. Control the ABCs of Diabetes. National Diabetes Education Program. http://www.ndep.nih.gov/control/control.htm.

Additional References

Amanda I Adler, Irene M Stratton, et al. "Association of systolic blood pressure with macrovascular and microvascular complications of type 2 diabetes (UKPDS 36): prospective observational study". *British Medical Journal*, August 12, 2000; Vol. 321: 412-419

American Diabetes Association, 2000.

http://www.diabetes.org/main/community/advocacy/diabetesstatebystate.jsp

British Medical Journal Clinical Evidence Series.

http://www.clinicalevidence.com

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance Survey, Trends Tables. www.cdc.gov/brfss/index.htm.

Jencks, Stephen J., Edward D. Huff, Timothy Cuerdon. "Change in Quality of Care Delivered to Medicare Beneficiaries, 1998-1999 to 2000-2001," American Medical Association, *Journal of the American Medical Association* (JAMA) January 15, 2003, Vol. 289, No. 3.

New Jersey Behavioral Risk Factor Surveillance Survey System.

New Jersey Department of Health and Senior Services, Diabetes Control Program, <u>Diabetes Related</u> Inpatient Hospital Utilization in New Jersey, 1997, July 2001.

New Jersey Department of Health and Senior Services, New Jersey Health Statistics Report Services. www.state.nj.us/health/chs/hlthstat.htm

New Jersey Department of Health and Senior Services, <u>2003 New Jersey HMO Performance Report</u>. http://www.state.nj.us/health/hmo2003.



oetes Questions about Diabetes and CVD Tip Sheet

If You Have Diabetes, Talk to Your Health Care Provider about Your Increased Risk for Heart Disease and Stroke

If you have diabetes, you are at high risk for having a heart attack or stroke. You can help to lower your risk by managing the **ABCs** of diabetes. **A** is for A1C, a test that measures average blood glucose over the past 2 to 3 months; **B** is for blood pressure; and **C** is for cholesterol.

Talk to your doctor or other member of your health care team about the link between diabetes and heart disease. Put a check next to the questions you want to address at your next visit.

 What are my ABC numbers an	nd what are my ABC goals?	?		
	ADA Goals	My Numbers	My Goals	
A1C	Below 7			
Blood pressure	Below 130/80			
Cholesterol				
• LDL	Below 100			
• HDL	Above 40 (men)			
	Above 50 (women)			
 Triglycerides 	Below 150			
 How often should my ABCs b What steps can I take to reach				
 Can taking medicines such as heart attack or stroke?	aspirin, ACE inhibitors or s	statins help me reduce	e my risk for a	
 What are symptoms of heart attack and stroke that I need to watch for? Do I need special testing to detect heart disease?				
 What's the best way for me to	quit smoking?			

For more information on diabetes and cardiovascular disease, Contact: New Jersey Diabetes Prevention and Control Program 609-984-6137

Visit us online at: http://www.state.nj.us/health/fhs/diabindex.shtml

DIABETES ALERT EVALUATION

On the scale 1-5 rate your response to this mailing.				DISAGREE	
The information presented increased my					
awareness/understanding of the subject.	5	4	3	2	1
2. The information presented will influence how I practice.	5	4	3	2	1
3. The information presented will help me improve patient care.	5	4	3	2	1
4. What other topics about diabetes would you like to see covered	d in a	Diabet	es Alei	rt letter?)

Other Comments:



DIABETES PREVENTION AND CONTROL PROGRAM DIABETIC TEACHING MATERIALS ORDER FORM

		QUANTITY NGLISH	QUANTITY SPANISH
1.	Diabetes Numbers at a Glance - Guide for Professionals		xxxxxx
2.	A1C, Blood Pressure, Cholesterol (ABC) Campaign Brochures		
3.	If You Have Diabetes, Know Your Blood Sugar Numbers		
4.	Control Your Diabetes for Life		

Professional Material: 1 per professional Patient material: maximum order 50

MAIL OR FAX YOUR ORDER TO:

Mary Ann Reiter Diabetes Prevention and Control Program NJ Department of Health & Senior Services PO Box 364

Trenton, NJ 08625-0364 Fax Number: (609) 292-9288

YOUR MAILING ADDRESS:

ME:	
GANIZATION:	
DRESS:	
ONE	